

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO

10575226

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1/2		1		
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		2/2		1		
11		2		1		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	8	←		←
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						